PTO/SB/17 (10-08)
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Under the P	respond to a collection of information unless it displays a valid OMB control number								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2009				Complete if Known Application Number 09/922,869-Conf. #8515					
				<u>' '                                  </u>					
						August 7, 2001 Sugio MAKISHIMA			
						B. O. Dulaney			
Applicant claims small entity status. See 37 CFR 1.27									
				7.11. 0.111.		2625			
TOTAL AMOUNT OF PAYMENT		(\$) 180.00		Attorney Docket No.		0905-0266P			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FII	LING FEES	SE	ARCH FEES	EXAMI	NATION FEES			
Application T	ype Fee (\$	Small Entity ) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	330	165	540	270	220	110	1003	<u>ε αια (ψ)</u>	
Design	220	110	100	50	140	70	<del></del>		
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0.50	0	· · · · · · · ·		
22. EXCESS CLAIM FEES						V		Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)						220	110		
Multiple dependent claims							390	195	
<u>Total Claims</u> Extra Claims		Fee (\$)	Fee Paid (\$)		Multiple Depend		ent Claim	<u>s</u>	
	- or HP =	x =			F	ee (\$) <u>F</u>	ee Paid (	\$)	
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims Extra Claim		Fee (\$)	F	ee Paid (\$)					
8 or HP = x =									
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheet		,,,,	` ,	` ,	tion there	of Fee (\$)	Fee	Paid (\$)	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S)  Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement								180.00	
SUBMITTED BY O m / )									
Signature				Registration No.	39,491	Telephone	(703) 20	05-8000	
				(Attorney/Agent)	(Attorney/Agent)			July 16, 2009	
Name (Print/Type) Michael R. Cammarata						Date	July 16	, 2009	